

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF LAW

A-901 UNIT

LIMITED DISCLOSURE STATEMENT
FOR SECONDARY BUSINESS ACTIVITY CORPORATIONS

Business Name

Address

Telephone Number: (____) ____ _____

Name of person to be contacted in reference to this form:

Name: _____

Title: _____

Telephone Number: (____) ____ _____

INSTRUCTIONS FOR FILLING OUT THIS FORM

Please read every question carefully before answering. Do not leave any spaces blank. If a question does not apply, please enter "not applicable" or "N/A". Unanswered questions may result in the application being deemed incomplete and, therefore, being returned for additional information. If additional space is needed, copy the appropriate pages and insert where applicable. Type or print all answers.

PERSONAL HISTORY DISCLOSURE FORMS AND FINGERPRINT CARDS

Persons required to be listed in this limited disclosure statement must also file personal history disclosure forms, with the exception of directors, chief executive officers and individuals who do not have any responsibility for, or control of, the commercial solid waste or hazardous waste operations of the applicant conducted in New Jersey, and who will not exercise any such responsibility or control upon the issuance of a license by the Department. These persons (who do have responsibility for, or control of, such operations) should be designated with an asterisk (*).

If there are any questions, you may contact our office at (609) 292-6018.

1.) PRELIMINARY INFORMATION

A. What is the primary activity of this business?

B. What is your federal employer ID number?

C. Where is the company's stock traded?

D. Attach a copy of the corporation's most recent SEC Form 10-K.

2.) OFFICERS - DIRECTORS - PARTNERS - KEY EMPLOYEES
 INDIVIDUAL EQUITY OR DEBT HOLDERS

Please supply the following information for all officers, directors, partners, key employees, and individual equity holders or debt holders holding 5% or more of the applicant's equity or debt liability.

1. Name: _____

 Address: _____

 Date of birth: _____

 Social Security Number: ____ _

 Office or position in the company (if applicable) _____

 Type and percentage of holding (if applicable) _____

2. Name: _____

 Address: _____

 Date of birth: _____

 Social Security Number: ____ _

 Office or position in the company (if applicable) _____

 Type and percentage of holding (if applicable) _____

3.) BUSINESS EQUITY AND DEBT HOLDERS

Please supply the following information for all business (non-individual) equity or debt holders holding 5% or more of the applicant's equity or debt liability.

1. Name: _____
Address: _____

FEID: _____
Type and percentage of holding: _____
2. Name: _____
Address: _____

FEID: _____
Type and percentage of holding: _____

4.) CHARTERED LENDING INSTITUTIONS

List all chartered lending institutions that hold more than 5% of the debt of the applicant:

1. Name: _____
Address: _____

Percentage of debt held: _____
2. Name: _____
Address: _____

Percentage of debt held: _____
3. Name: _____
Address: _____

Percentage of debt held: _____

5.) AREA OF OPERATION

Please list separately the name, address and federal employer identification number of any business concern in any state, territory or district of the United States, which collects, transports, treats, stores, recycles, brokers, transfers or disposes of solid waste or hazardous waste on a commercial basis, in which the applicant holds an equity interest of 25% or more, and the type and amount of equity held in such business concern.

1. Name : _____

Address: _____

Federal Employer ID Number

State, territory or district of the United States where license held

Type and amount of equity held

2. Name : _____

Address: _____

Federal Employer ID Number

State, territory or district of the United States where license held

Type and amount of equity held

6.) LICENSES - REGISTRATIONS - PERMITS

Please list separately all licenses, registrations, permits, certificates of public convenience and necessity, uniform tariff approval or equivalent operating authorization held by the applicant or permittee within the last five years under any name for the collection, transportation, treatment, storage, recycling, processing, transfer or disposal of solid waste or hazardous waste on a commercial basis in any state, territory or district of the United States, and the name of every agency issuing such operating authorization.

License or permit held by applicant: _____

Registration held by applicant: _____

Uniform Tariff approval: _____

Certificate of Public Convenience and Necessity: _____

Any other operating authority held by the applicant within the last five years:

Name under which applicant held above licenses:

Name of agency issuing such operating authority:

7.) PARENT OR SUBSIDIARY CORPORATIONS

If the applicant is a subsidiary of a parent corporation, or is the parent corporation of one or more subsidiaries, or is part of a group of companies in common ownership, please supply a chart or a list showing the names, federal employer identification numbers and relationships of all subsidiaries, parent, sister, and affiliate corporations, or members of the group.

8.) NOTICES OF VIOLATION

List and explain all notices of violation or prosecution, administrative orders or license revocations issued by this State or any other State or Federal authority to the applicant in the 10 years immediately preceding the filing of this application. Penalties assessed at less than \$25,000 need not be listed. Please include all notices and/or violations that are pending or have resulted in a finding or a settlement of a violation of any law or rule or regulation relating to the collection, transportation, treatment, storage, recycling, processing, transfer or disposal of solid waste or hazardous waste by the applicant.

1. Name of entity cited: _____

 Date issued: _____ Docket number: _____

 Type of notice: _____

 Address of alleged violation: _____

 Disposition and explanation: _____

 Name of issuing agency: _____

9.) JUDGMENTS

Please provide a copy of any judgment, decree or order, whether by consent or not, issued against the applicant in the 10 years immediately preceding the filing of the application, pertaining to a violation or alleged violation of federal or state antitrust laws, trade regulations or securities regulations. Please also provide the following information concerning all such judgments, decrees or orders:

Caption of Case: _____

Judgment Docket Number: _____

Name & location of Court or Agency: _____

Date on which judgment, decree, or order was entered: _____

Please set forth any information or explanation of any judgment, etc. listed above pertinent to rehabilitation or mitigation. _____

10.) PENDING SUITS

Please provide a copy of any pending civil complaint against the applicant or permittee pertaining to a violation or alleged violation of federal or state antitrust laws, trade regulations or securities regulations. Please also provide the following information concerning all such complaints:

Caption of Case: _____

Docket Number: _____

Name & location of Court or Agency: _____

Date complaint filed: _____

Please set forth your response to, or position on, this complaint.

11.) CONVICTIONS AND PENDING INDICTMENTS

Please provide copies of any judgments of convictions of the applicant for a felony in the 10 years immediately preceding the filing of this application, including convictions based on a plea of *nolo contendere* or its local equivalent; and of any indictment, etc., which resulted in a judgment of conviction and of any pending indictment, accusation, complaint or information for any felony filed against the applicant pursuant to any state or federal statute.

Please also provide the following information concerning all such judgments of conviction, pending indictments, etc.:

Name of entity charged/convicted

Indictment or Judgment Number

Court where charged/Convicted

Date Charged/Convicted

Please set forth any information or explanation of any charge or conviction listed above pertinent to rehabilitation or mitigation. For pending charges, please set forth your response to, or position on, such charges.

12.) CONSENT FORM FOR DISCLOSURE

OF SOCIAL SECURITY NUMBERS

The following individuals hereby certify that they consent to the disclosure of their social security numbers for the limited purposes set forth herein.

printed name	signature	date
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printed name	signature	date
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printed name	signature	date
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printed name	signature	date
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printed name	signature	date
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printed name	signature	date
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printed name	signature	date
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13.) LIMITED DISCLOSURE STATEMENT CERTIFICATION

This Limited Disclosure Statement must be signed and certified below by an appropriate official of the applicant.

I, _____ hereby certify that I have read, in its entirety, the attached Limited Disclosure Statement of _____, as well as the instructional material provided with this document, and that the information provided is true to the best of my knowledge. I further certify that I have caused a diligent effort to be made by the employees and agents of the applicant to honestly and thoroughly respond to the inquiries in this Limited Disclosure Statement. I further understand that fraudulent, deceptive, misleading or negligent answers may result in the denial or revocation of the applicant's license. I am aware that if the foregoing statements made by me are willfully false, I am subject to criminal prosecution.

Date: _____ Signature: _____

Type or print name

Type or print title/position

If this form was prepared by a person other than the individual or individuals signing this certification (e.g., an attorney, accountant, etc.), indicate that person's name, address and telephone number and relationship to the applicant:

Name: _____ Telephone: (____) ____ ____

Address: _____

Relationship: _____